

Case Number:	CM15-0191965		
Date Assigned:	10/06/2015	Date of Injury:	09/26/2014
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic foot pain reportedly associated with an industrial injury of September 26, 2014. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for orthotics. The claims administrator seemingly contended therefore that the applicant could employ another set of orthotics. A September 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of foot and ankle pain. The applicant was working full duty, it was stated, but reported heightened pain complaints while walking on uneven terrain. The applicant was asked to employ a cane and obtain orthotic to ameliorate ongoing issues with arthralgias of the foot and/or associated plantar fasciitis. The applicant's job apparently entailed large amounts of standing and walking, the treating provider suggested in multiple sections of the note. The applicant had also developed issues with plantar fasciitis, the treating provider contended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Set of orthotic shoe inserts: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

Decision rationale: Yes, the request for a set of orthotic shoe inserts was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are recommended as a method of symptom control for applicants who carry diagnosis of plantar fasciitis and/or metatarsalgia, i.e., both of which were reportedly present here, the treating provider contended on September 1, 2015. The treating provider also suggested that the applicant had a job with relatively great standing and walking requirements. Provision of the orthotic inserts in question was, thus, indicated to ameliorate the same. Therefore, the request is medically necessary.